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INJECTION OF SALINE SOLUTIONS INTO THE VEINS.

Injection of Saline Solutions into the Veins, adopted with success in Malignant Cholera.

THE practice of injecting saline solutions into the veins, as a dernier resort in cases of cholera, was recommended by the London Medical Gazette, and we place below the record of the only known cases in which this practice has been adopted.

Sir,—I conceive it to be my duty to let you know, for the information of the Central Board of Health, that the great desideratum of restoring the natural current in the veins and arteries, of improving the color of the blood, and recovering the functions of the lungs, in cholera asphyxia, may be accomplished by injecting a weak saline solution into the veins of the patient. To Dr. Thomas Latta, of this place, is due the merit of first having recourse to this practice. He has tried it in six cases, three of which I have seen, and assisted to treat. The most wonderful and satisfactory effect is the immediate consequence of the injection. To produce the effect referred to, a large quantity must be injected—from *five to ten pounds* in an adult—and repeated at longer or shorter intervals, as the state of the pulse, and other symptoms, may indicate. Whenever the pulse fails, more fluid ought to be thrown in, to produce an effect upon it, without regard to quantity. In one of the cases I have referred to, 120 *ounces* were injected at once, and repeated to the amount of 330 ounces in twelve hours. In another, 376 ounces were thrown into the veins between Sunday, at 11 o'clock, A. M., and this day (Tuesday) at 4 P. M.; that is, in the course of 53 hours, upwards of 31 pounds!

The solution that was used consisted of two drachms of muriate, and two scruples of carbonate, of soda, to sixty ounces of water. It was at the temperature of 108 or 110 degrees.

The apparatus employed in injecting was merely one of Reid's common syringes (the fluid being put into a vessel rather deep and narrow), with a small pipe fitted, that it might easily be introduced into an incision in the veins of the usual size that is made in bleeding. It may, however, be well to keep in mind, that, in the event of the operation being frequently repeated, it may be advisable to inject by different veins.

I forbear at present to enter further into the particulars; nor have we had sufficient experience to speak decisively on the subject. I may, however, mention, that the idea of having recourse to this remedy in cholera, occurred to Dr. Latta, from being convinced (which I am also) that the evacuations upwards and downwards are in reality the serum of the blood; that it is the duty of the physician to replace it, as speedily as possible, by injecting a fluid, as similar to the serum as can be formed artificially, directly into the veins, which has been done here with wonderful, and, so far as we can yet judge, excellent effect. An immediate return of the pulse, an improvement in the respiration and in the voice, an evolution of heat, an improvement in the appearance of the patient, with a feeling of comfort, are the immediate effects. The quantity necessary to be injected will probably be found to depend upon the quantity of serum lost—the object of the practice being to place the patient in nearly his ordinary state, as to the quantity of blood circulating in the vessels.—I have, &c.

(Signed) ROBERT LEWINS, M.D.

To W. MACLEAN, ESQ.,
Secretary to the Central Board of Health.

Sir,—I did myself the honor to address a letter to you lately, on the effects of injecting a saline solution into the veins of a patient laboring under cholera. We have not frequent opportunities of trying this, which I denominate, admirable remedy, as the disease is decidedly less frequent here; but I have seen it employed in two other cases, in the course of the last two days, with the same excellent effect. Sixty ounces are generally thrown in at once, and repeated at the end of three or four hours. In a case to-day, where I saw fifty-eight ounces injected (being the third time of performing the operation), the patient's pulse, at the commencement, was 180, very small, and very feeble. She was excessively restless, with a feeling of great weakness and tormenting thirst. Before twelve ounces were injected, the pulse began to improve; it became fuller and slower, and it continued to improve until, after 58 ounces had been injected, it was down to 110. Before I left the patient (a woman) her condition was altogether amazingly amended. There was a fine glow and a slight perspiration on her face; the veins on the back of her head were well filled; the restlessness was removed, the feeling of excessive weakness gone, and the thirst ceased. The pulse was under 100, free, full, and soft! Verily, sir, this is an astonishing method of medication, and I predict will lead to wonderful changes and improvements in the practice of medicine. I have addressed you upon the subject, as the organ, from your high official station, of disseminating a knowledge of the extraordinary facts referred to. It will, of course, give me great pleasure to enter further into particulars upon any particular point on which you may require information, in reference to the cases that have come under my observation.—I have, &c.

(Signed) ROBERT LEWINS, M.D.

To W. MACLEAN, ESQ.,
Secretary to the Central Board of Health.

In the hands of a man of ordinary dexterity, the common injecting apparatus alluded to in my last will be found to answer the purpose perfectly well; but if the practice I recommend is, as I hope it will be, generally adopted, it will, I conceive, be expedient to advise that a regular and perfect transfusion apparatus be used; at all events, to warn those who inject to beware of allowing air to get into the vein. The tubes, of course, must be filled with fluid, as well as the pipe in the vein, before commencing, and considerably more fluid than it is intended to use ought to be in the vessel from which it is pumped. R. L.

LETTER ON THE CHOLERA.

Addressed to any Medical Gentleman residing where the Cholera is or has been prevailing.

[Communicated for the Boston Medical and Surgical Journal.]

Sir,—Englishmen's wit comes afterwards: I cannot think of everything at once, and shall therefore be troubling you frequently with letters, so long as the subject of cholera commands an interest, making queries upon matters which had previously slipped my mind. *Have you ever met with a case in which opium, alcohol, &c. were fairly tried, according to the principles to be found in the writings of Page, North, and myself, as we use it in sinking typhus, and in other acute asthenic diseases of the lowest kind?* By this I mean, employing at first opium, assisted by other exciting articles and external adjuvants, in so energetic a manner as *to control all the urgent symptoms*, and then so managing the opium as to keep the system above the disease, and also *above its own secondary effects*. I know this to be the true way of managing common asthenic cholera, colic, dysentery, and other similar *atonic* acute affections of the alimentary canal, and of the adjoining viscera. Is malignant cholera an exception? If so, what are the reasons? Does this disease come under my class of cases in which medicines sometimes produce all their specific operative effects without affording any real, permanent, remedial effect? If this is the fact, I can readily see that it must necessarily be very fatal, under the ablest treatment. The cases which I have seen detailed *do not appear* to be of this kind; for almost every one of them —those actually in *articulo mortis* excepted—it seems to me (especially such as continue from six to eighteen hours after medical advice is obtained), *ought to live two or three days longer*, and many of them to recover. No one can tell whether a bad case will not wear out, and finally fail on the fifth or seventh day, or some other critical period; but cannot something like reaction be effected and sustained, for a time at least, by skill and art? If it is a fact, that from a half to a third of all the cases of cholera are absolutely fatal, it is by far the most malignant of all epidemics upon the records of medicine. As yet, I cannot believe this to be the case.

If I must theorise, I should say that vitality is a secretion, and that this secretion is suddenly suspended in cholera. A great part of it is extinguished on the first attack, and the little remaining is wasting as fast

as possible; so that what little there is of it acts very feebly, and only partially. Now, if this is a true hypothesis, our indications are to call the remaining vitality into immediate action, to distribute it equally, and to produce a new secretion sufficient to meet the waste, and to restore the regular state of the system. In some low diseases, we seem pretty readily to call all the remaining vitality, or sensorial power, into action, and distribute it tolerably well, keeping it in play till we have *used it all up*, without producing any new secretion. These are the cases in which the patient sinks at the crisis. In the bad cases of cholera, as usually managed, there is a constant running down; nothing stops the waste. But is it true that alcohol does not excite, and opium does not support? I should judge that opium is only given to allay pain, spasms, and vomiting, and that most practitioners are ignorant of its supporting power; or that they so manage as to stupify and debilitate, by not following it in regular successive doses, thus allowing its secondary effects to supervene. Do the patients of cholera die comatose? Is the morbidly clear intellect, which we sometimes see in fevers, a general thing in cholera? Are the nerves arising from the spinal marrow affected, rather than those from the brain? The latter is usually the fact in sinking typhus. How great a proportion of those who recover, go through a typhus? And is this typhus attended with daily *gastric sinking*? Was the disease in Montreal always preceded by diarrhœa? If so, was it proper to take a cathartic, as many recommend, during this diarrhœa? If this *is* the fact, and purging under the predisposition *is* a preventive, this circumstance alone is a prominent distinction between cholera and our epidemics. Ill-timed cathartics were the exciting causes of a large proportion of our bad cases. Indeed, many were at first attacked with a factitious diarrhœa, or cholera, which brought on the gastric sinking. Even where the bowels evidently required evacuation, *we were always obliged to stop it after the first or second motion*, or the most sinking symptoms would supervene. The exciting of the peristaltic motion of the intestines by the mildest laxatives, before any evacuation took place, often produced gastric sinking; and the evacuation seemed not to reduce so much by its *quantity*, as by the peculiar *exhausting action* which was produced. Three fourths of the fatal cases which I have seen, in sinking typhus, were evidently the victims of improper purging, or of diarrhœa not speedily checked.

By a letter from an intelligent apothecary in New York, received this morning, mentioning cases that he had seen and known, I am confirmed in the opinion, that nothing efficient is usually done in the stage of collapse. With my views, if I should do so little, I should reproach myself. There appears to be an absolute ignorance of all the low, sinking diseases of our own country, and an unaccountable indifference to acquiring any knowledge of them, among most of the physicians where cholera prevails. It is certain that cold typhoid diseases have never prevailed to any extent in our large cities; the physicians consequently have no personal experience in them, and therefore must acquire their knowledge of them, if in any way, from the writers in the parts of the country where such epidemics have appeared.

I have no doubt that much discrimination is demanded, and that

difference in age, temperament, severity, stage of disease, preponderance of particular symptoms, prevalence of irritability or of torpor, &c., demand very considerable variation in practice. In some of our cases, moist heat—in others dry heat, was preferable; and in some no extra warmth was demanded. In some—the irritable, large doses of opium, at comparatively long intervals, as two, three, or four hours, were best, and but little alcohol, essential oils, capsicum, and aromatics, were preferable; and, in these cases, but few blisters and rubefacients were admissible. In the torpid cases, every external and internal irritant was demanded, and comparatively small doses of opium were needed, while the stomach might be kept filled with alcohol. Blisters, *successively*, inside the thighs, were the surest remedy for retention of urine from torpor, or for a defective secretion of it. In a few torpid cases, *strong* tincture of cantharides was admissible, in drachm doses. To make blisters or sinapisms sure to take hold, their surface which touches the skin ought to be freely moistened with oil of turpentine; but as soon as they become excessively painful, the turpentine application should be removed. This manner of blistering by turpentine is very effectual in removing coma. I suspect that strong tincture of cantharides, either made of alcohol or of the best vinegar, would be proper to be applied to the spine, and perhaps over the whole head, in the collapse of cholera.

I am sensible that I make use of strong language, because, in common with all who are familiar with sinking typhus, I feel that the usual treatment of cholera, both in England and America, would prove inert, and absolutely ineffectual, in many of the severe cases of our sinking epidemics, which we have been in the habit of managing with ease and success.—Yours in respect and friendship, THOMAS MINER.

Middletown, Con., July 11, 1832.

DR. BRONSON'S ACCOUNT OF THE CHOLERA IN ALBANY.

Albany, July 12th, 1832.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The epidemic cholera has appeared among us within the last few days. The first cases we had of it were on the morning of the 3d instant. At that time, two persons of intemperate habits were taken down with the disease in its worst form, which proved fatal, in each instance, within the course of a few hours. On the 4th, there was another case, and on the 5th two others. All these were of a very decided character. They occurred in distant and unconnected parts of the city, and had no intercourse with each other. They are universally believed to have been of indigenous origin. Every effort to trace them to contagion has entirely failed.

Though I am willing to admit all the *facts* on the side of the anti-contagionists, I am still a decided advocate for the doctrine of *contingent contagion*, as maintained by J. Johnson and others of the present day. I am firmly of the opinion, that cholera may be contagious under

particular circumstances. I am led to think so not only from what has been noticed here, but from what was witnessed on a much larger scale in Montreal and the other seats of cholera in the north.* The truth seems to be this:—the disease is contagious (the terms contagion and infection are used as synonyms) in crowded, unventilated dwellings, amid filth, intemperance, and poverty, but rarely or never in cleanly, airy apartments, the inhabitants of which are regular and temperate, well fed, and well clothed. Let a cholera patient be thrown into a tenement of the former description, and one half of the wretches about him will be almost sure to sicken within the space of three days; while a habitation at a distance, under precisely the same circumstances, as it regards its location and internal economy, and the habits of those who live in it, will perhaps for the present escape. Numerous instances might be referred to, exactly in point. The manner in which the conclusion derived from them is commonly evaded, is extremely disingenuous, and would be instantly scouted at in any other branch of physical science.

Some weeks before the appearance of cholera among us, there was almost an entire suspension of all other diseases. The state of things resembled the calm that precedes the storm. It was evident that the epidemic constitution was about changing. The complaints that were noticed were strangely anomalous and irregular. They often blended, and produced hybrids, or a more compound disease. Influenza, measles, hooping cough, and scarlet fever (the three former of which were very rife and severe here during the winter), frequently seemed to unite in the same person, producing a disease of such an equivocal character, that it was difficult to tell which element in its composition preponderated. Sometimes a number of cases would occur in a single family, in immediate succession—one of which, had it been an isolated case, would have been called measles; another, scarlet fever; and another, perhaps, influenza, or a kind of sub-pneumonia, &c. Intermittents (which were common) put on unusual appearances; they were complicated, irregular, marked. At last, about three or four weeks before the cholera appeared, complaints began to assume a diarrhœal form, showing distinctly the commencement of a new epidemic constitution. As these became more frequent, and more marked in their character, other diseases gradually disappeared, until they were all lost in the prevailing disorder. They were at this time easily managed, and very rarely assumed a serious aspect. They affected the public health so triflingly, that it was considered a time of unusual freedom from sickness. Physicians had little or nothing to do. The smallness of the number of deaths in our city was almost unexampled.

The commingling of diseases above referred to, producing anomalies of almost every description, as if opposite and contending forces had met, and each struggled for the mastery, was observed during the first part of the present year, in the places which I visited at the north, where cholera has prevailed. Bowel complaints, too, were the immediate precursors of the epidemic, showing, first, the preponderance, and

* On the breaking out of the cholera in Canada, the writer was despatched, to investigate its nature and treatment, by a number of private gentlemen in Albany.

in a short time the complete formation, of the present constitution. Notwithstanding these intestinal disorders, it was a time of general freedom from sickness requiring professional attendance. This fact was so extraordinary in some places, as to excite the surprise of medical men. In St. John's, where cholera raged to a considerable extent, the like had never before been witnessed.—Very respectfully yours,

HENRY BRONSON.

CHOLERA AT QUEBEC.

THE following is part of a letter to the editor of this Journal, from one of the most distinguished physicians in Quebec, and one whose situation in the health department gave him ample opportunities to become intimately acquainted with all the circumstances attending the disease as it prevailed in Canada. We will only add, that the writer is the best possible authority on the subject, and his statements may be relied on as unquestionable. Any further information of importance, from the same quarter, will be promptly laid before the reader.

Quebec, July 9th, 1832.

MY DEAR SIR,—It was my intention to have sent you a copy of the only report (which was drawn up at the request of Drs. Rhinelander and De Kay, who visited Quebec), by Dr. Pillsbury, of Lowell (I think), near Boston; but his stay was short, and I was prevented from so doing by a press of business. He did, however, obtain some information, which, at my request, he promised to communicate to you. The following are the facts of all that is really yet known of the introduction of the cholera among us. A report was sent from Grosse Island, stating their fear that cholera had existed on board the Carricks during her passage. I was in consequence requested to leave town, visit the vessel, and report, which I did:—that she had left Dublin in April, and that 39 persons had died on board, the first four weeks of her passage, with a disease, if not cholera, much resembling it, and that the last death was on the 8th May, nearly one month before her arrival. The vessel was ordered to perform strict quarantine, the passengers to be landed, washed and cleaned, and the vessel purified; all which was done. I returned on the 6th June, and on the 8th a doubtful case was reported to me by Dr. Perreault, the then resident physician (who has since fallen a victim to the disease). He had taken notes, but they are not forthcoming. Report states this man to have been about town some time. The second case (if the first be admitted) was on the afternoon of the 9th—taken ill on a wharf while working, sent to the hospital, and died. Both these individuals lodged in Champlain Street. The same evening, four other cases were reported, sent to the hospital, and died. It was ascertained that five out of the seven first cases were return passengers from on board the Voyageur steam boat, which boat had got passengers from on board of two or three different emigrant vessels in the river: bad weather coming on, the boat had to return* and land about 200, they finding

* On the evening of the 7th.

used before perspiration or bloodletting had been resorted to, to allay the irritable state of the stomach and bowels; and then only the milder purgatives should be employed, such as calomel or blue pills, guarded with minute doses of opium, and carried off, after a few hours, with rhubarb, combined with soda and carbonate of ammonia.

Signed, Jos. Morrin, Health Commissioner; W. A. Hall, Resident Physician; F. X. Tessier, Health Officer; Wm. Lyons, Superintendent of the Emigrant Hospital.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 25, 1832.

ACTION OF EMETICS.

[Continued from p. 290.]

9. Having heretofore considered, at some length, the therapeutic effects of emetics, it remains to make a few remarks on those which cause them, under certain circumstances, to be regarded with apprehension. Of these, the first is the increased activity which they are supposed to produce in the cerebral circulation. That, under the operation of emetics, symptoms occur of powerful determination of blood to the head, is beyond all question. The vessels of the face become distended, and a flush is produced, which cannot escape the attention of the most cursory observer. Whether the state of the cerebral vessels correspond to this, and whether, under the influence of an emetic, congestion of these vessels is produced, is rather more doubtful. The invariable tendency of vomiting to relieve headache, when this symptom is present, is one argument at least against such a supposition; for admitting that, in the majority of these cases, this symptom indicates gastric disorder, yet it can scarce be questioned, that the pathologic state of the train which accompanies it is that of increased cerebral circulation; and, were it the direct and constant tendency of vomiting to augment the vascular action in this organ, we might expect to find the symptom in question rather aggravated than relieved. As it is, the violent muscular action, which accompanies the process, sometimes tends directly to produce this effect; but this is so immediately counteracted by the opposite and more permanent influence, that it is not ordinarily taken into consideration in forming an estimate of the effect of the remedy. The considerations above stated may at least tend to modify the apprehension which is commonly entertained of administering emetics to those who, from plethora or other causes, appear to have a tendency to affections of the brain. We are satisfied that experience does not justify this apprehension. It may indeed have happened, that, in subjects peculiarly predisposed to

apoplexy, this affection may have followed on the use of emetics. But such instances certainly must be very rare. We do not at this moment recal a single instance which has come to our knowledge, either in our private intercourse with practitioners, or through the medium of the public journals; and this, in regard to a remedy in such daily and constant employment, goes as far as negative proof is capable toward actual demonstration. With respect to the utility of giving emetics in apoplexy, the question must be determined on general principles, and with reference to the result, cause, and other circumstances, of a given case: but we hold it to be a clear inference, from the reasoning above adopted, that, where apoplexy arises from excess, and is connected with overloaded stomach, the fear of increasing the congestion would be a very mistaken reason for neglecting a remedy capable of removing the cause; and we have our doubts whether, under these circumstances, the employment of bloodletting, as a measure of precaution, be necessary or expedient.

10. The last effect of emetics which we shall notice, is their reputed tendency to produce abortion. This we apprehend, like the last, to have been on the whole somewhat overrated. No doubt severe vomiting, by the disturbance which it occasions in the system, will occasionally interrupt the function of gestation; and this is equally true, if not more so, of the operation of severe and drastic purgatives. It is beyond question, too, that both these remedies are frequently resorted to for the very purpose of procuring this effect, and that, too, under circumstances in which any remedy, that presented a probability of success, would be likely to receive a full and fair trial. Yet we do not find that the means thus obviously furnished, and so conveniently within the reach of all disposed to employ it, is often resorted to with success; though facts of this kind, if of frequent occurrence, would hardly fail to come to the knowledge of the profession. Further, it is to be remembered how often severe vomiting is a symptom of the puerperal state at its earlier stages, and that instances have been known where this symptom has followed obstinately through a great part of its course; sometimes, indeed, from the distress which it occasioned, making it necessary to produce abortion by other means. A still more striking argument may be gathered from the fact, that, of the 10,000 emigrants who annually cross the ocean to swell the population of our happy country, one twentieth at least are pregnant women; and if vomiting in any form could, with tolerable certainty, produce the effect, we think it must be that which would occur among such subjects, crowded together in such untoward circumstances. The fact, however, is, that this event is by no means frequent, and the hazard of its occurrence forms but a small portion of the terrors with which the mighty deep is armed, to those placed in this situation.

The excess of apprehension, to which we have alluded, might be regarded as harmless, or even useful, if it induced simply to caution in

exists or is expected. If the digestive organs perform their functions with regularity, it would be extremely unwise to interfere with them by the introduction of any species of medicine. The village of Three Rivers is said to contain about 3,000 or 4,000 inhabitants.

At New York, the cholora still prevails rather extensively. On the 15th, there were reported 113 cases and 59 deaths; on the 16th, 148 cases and 77 deaths; on the 17th, 123 cases and 48 deaths; on the 18th, 124 cases and 58 deaths; on the 19th, 198 cases and 70 deaths; on the 20th, 188 cases and 84 deaths. At Bellevue Almshouse, there were 20 cases and 15 deaths on the 15th; 21 cases and 17 deaths on the 16th; 23 cases and 12 deaths on the 17th; 14 cases and 14 deaths on the 18th; 11 cases and 12 deaths on the 19th; 28 cases and 10 deaths on the 20th. On the 21st, whole number of cases, in the City and Almshouse, 311; deaths, 104.—For the purpose of obtaining more full reports, the authorities have now imposed a fine on any medical gentleman who shall neglect to report a case coming under his care.

We learn from a medical friend, who has just visited all the cholera hospitals at New York, that, at one of the institutions, a mode of treatment has been adopted, which proves more successful than any hitherto tried. It consists in withholding all internals, save only moistening the mouth with barley water, folding the patient closely in thick hot blankets, and applying vigorously, over the whole surface, friction with an ointment composed of blue ointment lb. j., camphor lb. ss., capsicum lb. ½, mixed. For the last three days, the loss under this treatment had been one a day, although about 30 patients were in the hospital.

A man died last week, after an illness of a few hours, on his passage from New York to this city, on board the new steam boat Chelsea. It was supposed to be a case of cholera. There were only five or six persons on board, and as yet no other case has appeared among them, although they are all detained at quarantine, and the boat has been fumigated.

Monthly Notice of New Publications.

The Principles of Medicine, founded on the Structure and Functions of the Animal Organism. By Samuel Jackson, M.D., of Philadelphia. Carey & Lea, Philadelphia, 1832. pp. 630.

Dr. Jackson is well known to the medical public, as the author of some excellent articles in the American Journal, published at Philadelphia, and particularly one on Absorption, in the tenth number of that work. The present production, however, is elaborate and finished, and will, we think, obtain for him a permanent and enduring reputation. Its plan may, in some respects, be regarded as new. Its object is to connect, in

one view, the subjects of physiology and medicine, in such manner as mutually to illustrate each other. The work commences with a treatise on general anatomy, in which the several tissues or systems are successively considered. Then follows a chapter on the fluids and their pathological states. The vital properties of irritability, and vital affinity, and the organic actions, are next considered. To these succeed the functions :—1st, of relation, as those of sensation and voluntary motion, with their respective pathologic states, together with the intellectual and moral faculties, and the disorders incidental to them. Under this head, Dr. J. considers the expressions, including physiognomy and voice, and likewise the subject of sleep and dreams: 2d, the organic functions, as that of digestion, both in its healthy and morbid state; of absorption; of respiration, with its diseases; of circulation, and of nutrition. Such is the extensive range of subjects embraced in the present work, and the principle of arrangement which pervades it. We shall not attempt a more detailed account of this valuable and able production, since we should be entirely unable to perform such a task to our own satisfaction or that of the reader, within the limit which we are able to afford these notices the present month. We will merely mention, that, as a specimen of Dr. J.'s manner, and of the clearness and brevity with which he treats the more abstract branches of his subject, we would refer the reader to the treatise on sleep and dreams, which forms the concluding chapter of the first part.

Principles of Physiological Medicine, in the form of Propositions, embracing Physiology, Pathology, and Therapeutics, with Commentaries on those relating to Pathology. By F. J. V. Broussais. Translated from the French, by Drs. Hays and Griffith, of Philadelphia. Carey & Lea, Philadelphia, 1832. pp. 594.

We are indebted to the Philadelphia physicians for numerous well executed translations of French works, of which this is no unfavorable specimen. From the peculiarity of the views adopted by Broussais, and the boldness of the language in which they are expressed, it is no easy matter to do his work justice by a translation. Even to the reader of the original, there is an obscurity and want of precision about the style, which makes it difficult to seize precisely the idea intended to be conveyed. In such, the embarrassment to the translator is very great, as he has only the choice between substituting a phraseology of his own, to express what he may conceive to have been the idea in the mind of his author, and thus exposing himself to the charge of unfaithfulness—or, on the other hand, retaining all the expressions in a literal version, and incurring the blame of a fault which is, in fact, chargeable only to his author. Considering the nature and amount of these obstacles, we think Drs. Hays and Griffith have acquitted themselves with singular ability.

The mode of printing is exceedingly convenient, the leading propositions being in a large and plain type, while the commentary is smaller, and more compact. To those who, in these times of bustle and excitement, can spare but a short time, from other engagements, for the reading of heavy octavos, we recommend the careful perusal of propositions 12, 112, 115, 136, with their respective commentaries, as containing much of what is most peculiar in the author's views and doctrines. To others, however, whose taste directs them to the theory of medicine as a study, and who have leisure for the occupation, every portion of the book will possess strong attraction; and, whatever difference of opinion may exist as to the correctness of the views in question, all must agree in conceding to the author the credit of uncommon natural vigor, assisted and improved by close and diligent investigation into the nature and phenomena of diseased action.

A Rational View of the Spasmodic Cholera, chiefly with regard to the Best Means of Preventing it. By a Physician. Clapp & Hull, Boston. pp. 36.

This little tract recounts, in a small space, and urges with good earnestness the adoption, by the individuals for whose benefit it is written, of all those means of *preventing* an attack of cholera, which experience has proved to be most effectual. It is designed to circulate among and enlighten that class of persons most subject to the disease, and is suited, by its plain language, brevity, and cheapness, to the purpose thus intended. The various causes and the medical treatment are but casually adverted to. *Prevention* is the burden of the book, and, even if it serve no other useful purpose, it will prove valuable as a temperance tract. We hope it may find its way whither it is sent by the author.

Whole number of deaths in Boston for the week ending July 20, 27. Males, 19—Females, 15.
Of consumption, 1—intemperance, 4—unknown, 1—infantile, 1—dropsy, 2—scarlet fever, 3—mortification in the bowels, 1—dropsy on the brain, 1—measles, 2—spasms, 1—teething, 1—abscess on the brain, 1—palpitation of the heart, 1—erysipelas, 1—liver complaint, 1.

ADVERTISEMENTS.

Just Published, at the Office of the Boston Medical and Surgical Journal, "A RATIONAL VIEW OF THE SPASMODIC CHOLERA, chiefly with regard to the Best Means of Preventing it. By a Physician." The purpose of the writer has been to embody, in a plain, practical form, all the important facts and suggestions, in regard to the prevention of Cholera, which have been developed in its march through other countries, and in its progress thus far in our own. These have been so condensed as to form a manual which, from its cheapness, may be within the reach of those to whom, on account of their condition and circumstances, it is most necessary.

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